

**Massachusetts Department of Public Health Immunization Program
VARICELLA AND MMRV ORDER AND USAGE FORM**

*This order form is only for Varicella and MMRV Vaccine.
All other vaccines must be ordered through your local vaccine distributor.*

Please complete the following information with EACH vaccine order:

Date _____ Practice Name _____

Provider Site Number _____ Telephone _____ Fax _____

Contact Name _____ Office Hours _____

Street Address _____

Shipping Address _____

(if different; no PO boxes)

State supplied vaccine can be ordered *only* for the following groups (you must privately purchase varicella and MMRV vaccine for administration to groups not listed):

Varicella Vaccine

- 1) susceptible children 12 months through 18 years of age without a reliable history of chickenpox or previous varicella immunization
- 2) children 4-6 years of age (kindergarten entry) (2nd dose)
- 3) household contacts of immunocompromised individuals, regardless of age
- 4) adults in all high risk groups seen at public provider sites

State supplied vaccine cannot be used for 2nd doses for catch-up immunization of children who had previously received one dose.

MMRV Vaccine

- 1) children 12 months-12 years of age, when both MMR and varicella are indicated

Varicella and MMRV Ordering

	Current Inventory	Total Doses Administered (from below)	Lost or Expired A. break in cold chain B. damaged/contaminated D. expiration before use		Number of Doses Requested (multiples of 10)	(Office Use Only) Number of Doses Approved
			Number of Doses	Reason		
Varicella						
MMRV						

Varicella and MMRV Doses Administered Data (aggregate usage by age)

	1 year	2-5 years	6-12 years	13-18 years	19-29 years	30-49 years	50-64 years	65+ years	Total doses administered
Varicella									
MMRV									

Fax order form to: 617-983-6924

Questions call: 617-983-6812

Allow at least 2-4 weeks to receive vaccine.